CONSUMER COMPLAINT FORM TELEMARKETING

Montana Department of Administration Consumer Protection Telemarketing Fraud Unit PO Box 200151 Helena, MT 59620-0151 (406) 444-4500



This office enforces the Montana Telemarketing Registration and Fraud Prevention Act (Sec. 30-14-1401 MCA). We investigate complaints involving misrepresentations, deceptive practices or fraud that occur in connection with the sale or advertisement of goods or services via telephone solicitations. Please complete this complaint form and mail it to us. (Emails are not accepted)

WE WILL SEND A COPY OF THIS FORM TO THE BUSINESS FOR THEIR RESPONSE, SO PLEASE WRITE LEGIBLY.

Please print with ink only or type

	SUBJECT	OF COMPLAINT	
NAME OF BUSINES	SS:		
NAME OF PERSON	YOU SPOKE WITH:	:	
PHONE NUMBER:_			
BUSINESS ADDRES	SS:		
CITY/STATE/ZIP: _			
	**************		99999999999999
Your Name	Lock	Final	M: ddl o
	Last	First	Middle
Street Address			
_			
	City	State	Zip Code
Telephone _	()	()	()
	Home	Work	Daytime

1.	First contact between you and the business (Please check one):		
	I received a telephone call from the businessI telephoned the business. (Explain why)		
	Other:		
2.	Where did the transaction take place (Please check one)?		
	Over the phone Other? Explain:		
3.	Date(s) of Call(s):		
4.	Did you ask the caller to "put you on their NO Call list"? YES () NO ()		
5.	Did you sign a contract? YES () NO () (If yes, please enclose copy)		
6.	Amount of payment: \$		
	Method of payment (Please check one): Cash Credit Card Loan Check		
	Date check was cashed (from your bank statement, if available:)		
	Have you contacted your credit card company to request a credit to your account? YES () NO ()		
7.	Do you have a private attorney representing you in this matter? YES () NO ()		
8.	Have you complained to the business? YES () NO ()		
	If yes, when?		
	What was the business' response:		

9.	Please describe your complaint or conversation in detail. (Attach extra sheets if necessary). Present the events in the order in which they happened using dates whenever possible. Remember that your complaint should describe the event or practice, which was misleading to you. If possible, you should state why the practice was misleading.
10	. What do you believe would be a fair resolution to this matter?
INY MY AC CO	NDERSTAND THAT THE STATE HAS FULL DISCRETION CONCERNING ITS ACCEPTANCE, VESTIGATION, AND RESOLUTION OF THIS COMPLAINT, AND THAT THE STATE CANNOT ACT AS ATTORNEY AND NO ATTORNEY/CLIENT RELATIONSHIP IS ESTABLISHED AS A RESULT OF ANY TIVITIES UNDERTAKEN IN MY BEHALF. I HEREBY AFFIRM THAT THIS COMPLAINT IS TRUE AND RRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE USE OF MY NAME AND IS COMPLAINT IN INVESTIGATING THE COMPANY OR INDIVIDUAL COMPLAINED OF.
DA	TE: SIGNED:
(Ple	ease attach copies of all documents that have a direct bearing on the complaint DO NOT SEND ORIGINALS)
	e following voluntary information will help us determine who we serve. This data will be used for tistical purposes only.
(1) (2) (3)	Are you handicapped? Yes () No ()